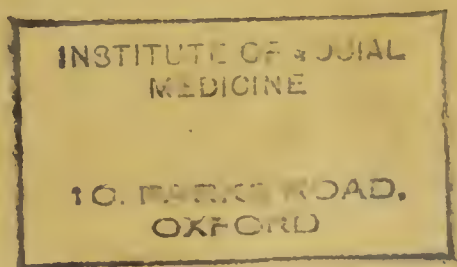


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CAMBRIDGESHIRE
EDUCATION COMMITTEE



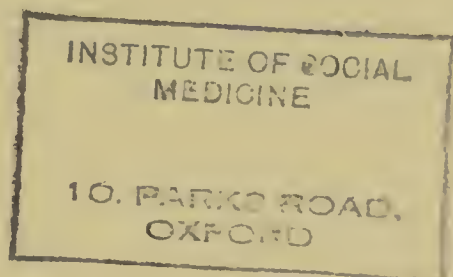
ANNUAL REPORT

OF THE

School Medical Officer

for the Year 1950

CAMBRIDGESHIRE
EDUCATION COMMITTEE



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Introduction

At the end of 1950 there were 121 Primary Schools (including one Nursery School), 5 Secondary Modern Schools and Soham Grammar School in the rural area of the Local Education Authority. Of the Primary Schools, 55 were County Schools and 66 Voluntary Schools.

In January 1951 the number of children on the registers of the Primary and Modern Secondary Schools was 9,031. There were also 312 boys on the register at Soham Grammar School who form part of the total number under consideration in the paragraphs which follow.

Staff

Services in connection with school medical work in the rural area were rendered by the following :—

R. FRENCH, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

EILEEN M. BRERETON, M.A., M.B., Ch.B., *Assistant do.*

ANNA R. WADE, M.A., M.B., B.Ch., *Part Time do. and Ophthalmic Surgeon.*

BARBARA F. SANDELL, M.B., Ch.B., *Part Time Assistant School Medical Officer* (from April 1950).

W. B. GRANDISON, F.D.S., L.D.S., *Senior Dental Officer* (half-time).

C. HARRIS, L.D.S., *Orthodontic Specialist* (half-time) (resigned September, 1950).

ROSA B. SCHMELTZER, D.M.D. (Berlin), L.D.S., *School Dental Surgeon.*

H. R. YOUNGMAN, M.D., *Ophthalmic Surgeon* (resigned June, 1950).

J. K. WENBORN, *Superintendent of Nurses and Health Visitors.*

G. G. GALPIN, *Chief Clerk and Enquiry Officer under the Mental Deficiency Acts.*

In the Borough of Cambridge which is an Excepted District, the following is the school medical staff :—

C. G. EASTWOOD, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

J. V. L. FARQUHAR, M.R.C.S., L.R.C.P., D.P.H., *Deputy School Medical Officer.*

HILDEGARD P. BRODA, M.D. (Vienna), *Assistant School Medical Officer.*

W. B. GRANDISON, F.D.S., L.D.S., *Senior Dental Officer* (half-time).

C. HARRIS, L.D.S., *Orthodontic Specialist* (half-time) (resigned September, 1950).

MARJORIE E. C. PAGE, L.D.S., *School Dental Surgeon.*

E. BURN, L.D.S., *School Dental Surgeon.*

G. F. WRIGHT, M.A., M.B., B.Chir., D.O.M.S., *Ophthalmic Surgeon.*

Child Guidance Staff for whole area :

H. BANISTER, Ph.D., *Director.*

ROSEMARY PRITCHARD, M.R.C.S., L.R.C.P., *Psychiatrist.*

MARJORIE SISSON, M.A., *Clinical Psychologist.*

DOROTHEA M. HUTCHINSON, M.A., *Psychiatric Social Worker.*

MABEL WEISS, B.A., *Psychiatric Social Worker* (resigned April, 1950).

MARY PHILLIPS, Mental Health Cert., *Psychiatric Social Worker* (appointed October, 1950).

NANCY SALAMAN, B.A., Dip.Psych., *Educational Psychologist.*

HEATHER G. HRAMSTOV (née MELVILL), L.C.S.T., *Speech Therapist.*

ROSEMARY PATON PHILIP, L.C.S.T., *Speech Therapist.*

SHIRLEY LONGMUIR, L.C.S.T., *Speech Therapist.*

Medical Inspection

In 1950 the routine inspection of the four age groups which had begun in 1949 with the introduction of an inspection of each child at the age of eight years was continued. This year was, of course, the first one in which the extra inspection had been carried out for a whole year and the various figures are affected accordingly.

It was soon found that the extra four sessions made possible by the conversion of Dr. Brereton's appointment to a full time one and by the appointment of Dr. A. R. Wade to do two sessions per week were not going to be sufficient to wipe out the arrears, that is to say to enable a routine inspection of each school to be made at not longer than a yearly interval followed by a re-inspection of defects six months after each routine inspection. Accordingly it was agreed that a further part time appointment should be made and Dr. Barbara F. Sandell commenced duty for two sessions per week from April, 1950. As a result the intervals between routine inspections were gradually shortened and regular re-inspections were begun in September, 1950. The work has continued at this level ever since but even now there is little or no margin for absences due to illness and for the use of the school medical staff for work other than that of medical inspection.

The following figures show the consequent increase in the number of routine inspections and re-inspections, but as is always the case under such circumstances the number of special inspections has decreased :

Routine inspections	..	..	4,258
Special inspections	..	..	66
Re-inspections	..	..	2,613

The number of routine inspections in the previous year was 4,015 and the number of re-inspections 1,623.

The number of children found to require treatment was 842 or 120 more than in the previous year, a probable indication that a number of defects which would otherwise have slipped through the net were picked up by the increased amount of inspection. The following paragraphs give more detailed information.

Nutrition.—Of the 4,258 children examined, 1,218 or 28.61 per cent were considered to be of good nutrition as against 33.60 per cent in the previous year.

Fair nutrition was found in 2,953 children or 69.35 per cent as against 64.46 per cent in the previous year.

Poor nutrition was found in 87 children or 2.04 per cent as against 1.94 per cent in the previous year.

The tendency of the fair or average group to increase has been noted in previous years, but this time it cannot strictly be said to be at the expense of each of the other two groups since the percentage of poorly nourished children has increased also, though only by a very slight and probably insignificant amount.

Of the 87 children of poor nutrition, only a very small proportion comes from poor homes or shows any sign of neglect. Very frequently, however, the under-nutrition is associated with some other defect, especially congenital heart disease. Lack of sleep also seems to be a factor in some instances.

Visual Defect.—The total number of cases of visual defect, including squint, found at routine and special inspections was 725 as against 615 in the previous year, of which 254 required treatment as against 187 in the previous year and 471 required observation only as against 428 in the previous year. The increase in the number is no doubt caused partly by the increase in the total number of children examined, but another factor is probably a variation in the level of defect considered to need treatment due to an increase in the number of observers concerned. It seems very unlikely that there has been any actual increase in the amount of visual defect existing in the children of the area.

Nose and Throat Defects.—There has also been an increase in the number of nose and throat defects discovered. The figure for 1950 was 480 as against 447 in 1949 but there was a slight decrease in the number thought to need treatment (from 76 to 70) so that the whole of the increase consisted of observation cases.

Orthopaedic and Postural Defects.—Six hundred and fifteen defects of this nature were found at routine and special examinations including 166 cases of flat foot. The corresponding figures in 1948/9 were 538 defects in all and 130 cases of flat foot. Of the total, 233 cases required treatment as against 183 in the previous year.

Following up.—The following figures relate to the work of the nurses acting as school nurses :—

1.	<i>Visits to Schools :—</i>	
	(a) Routine Medical Inspections	402
	(b) Special—Verminous	502
	(c) Other purposes	640
2.	<i>Visits to Homes of Scholars :—</i>	
	(a) Follow up to secure treatment	3,157
	(b) Special enquiries into infectious or contagious disease	471
	(c) Other purposes	277

There has been a considerable increase in the figure relating to visits for routine medical inspection and for follow up to secure treatment, but a marked decrease in visits of enquiry into infectious or contagious disease, facts which are in line with information given in other parts of the report.

Arrangements for Treatment

Malnutrition.—There was no change in the arrangements for the treatment of this condition during the year. Cod liver oil and malt continued to be provided in school as required and three children were sent to residential open air schools in other parts of the country. This number is one more than that of the previous year, the facility being used now to a much less extent than was the case in pre-war years. A total of 208 cases has been admitted to residential open air schools since the arrangement started.

Uncleanliness.—The total number of visits to the schools for the detection of verminous children by the nurses was 502 as against 516 in the previous year, an average of 4.02 per school. The total number of children examined was 32,041 and the number of individual children found unclean was 110. In addition 4,258 children were examined by the assistant school medical officers of whom 13 were found to be unclean making the total for the year 123. This represents a considerable fall from the figure of 171 in the previous year and it may be hoped that the steady improvement which has taken place since the war years in this matter will continue. It may be worth while to remember that in 1938 there were 309 individual children found unclean.

Visual Defects.—As was indicated in the report on the year 1949, Dr. Youngman's work in the treatment of visual defects in school children finished in the middle of 1950 and from then to the end of the year Dr. A. R. Wade had the whole of the work in her hands.

She had been doing the greater part of it since November 1949 but Dr. Youngman had continued to deal with certain cases he had considered it desirable to re-examine at a stated interval.

The number of cases referred for refraction in 1950 was 511 of which 491 were examined by Dr. Wade or Dr. Youngman and 20 at other places. Dr. Wade or Dr. Youngman prescribed glasses for 311 and of the 20 seen otherwise 19 were found to require them, a total of 330. Of this total 309 had received the glasses by the end of the year so that it will be seen that the time lag which has been such a great drawback since the inception of National Health Service arrangements has practically disappeared.

Although the number of cases referred for refraction is considerably higher than that of the previous year (491 as against 393) there is not any substantial difference between the numbers of those for whom glasses were prescribed (311 as against 294). This seems to bear out the opinion expressed in the section on medical inspection that the large increase in the number of visual defects discovered is due in some measure to the differing standards of different observers.

Minor Ailments.—Eight cases of scabies were reported in 1950 as against 7 in 1949. Of these 3 were treated by the school nurses and 5 otherwise.

There were only 24 cases of impetigo of which 8 were treated by the school nurses and 16 otherwise. This number is the lowest on record and, although accuracy of diagnosis may account for some of the fall, there can be no doubt that, taken in conjunction with the low incidence of scabies and the fall in the incidence of verminous conditions, it indicates an improving standard of cleanliness and general care.

Nose and Throat Defects.—Forty-six cases of adenoids and chronic tonsillitis were known to have received operative treatment during the year of which 24 were cases actually referred from the School Medical Department. A number of these were cases remaining on the waiting list from the previous year. Fifteen cases of other nose and throat conditions received operative treatment of which 13 were referred from the School Medical Department and 70 cases of ear, nose and throat conditions received non-operative treatment of which 13 were referred from the Department.

Dental Treatment.—During the year there was a further decrease in the staff available to give dental treatment occasioned by the resignation of Mr. C. Harris, the orthodontic specialist. Dr. R. B. Schmeltzer continued to deal with the routine work of the rural area but the fact that she was the only dentist available made it inevitable that there was a large volume of work outstanding at the end of the year. As against this the new travelling clinic, completely electrically equipped and with as many modern conveniences as are compatible with such an arrangement, was brought into service and

established itself as a great improvement over the old travelling clinic and over the use of portable equipment set up in the schools themselves.

In 1950 a total of 2,352 children was inspected as against 2,212 in 1949. Of these 2,051 were found to require treatment or 87.2 per cent as against 86.3 per cent in the previous year.

Of the 2,051 children requiring treatment 1,693 received it or 82.5 per cent as against 99.0 per cent in the previous year. The main reason for the fall in the percentage receiving treatment is the partial reversion to the practice of inspecting all the children in the schools prior to treatment as against the practice which had been in force of recent years of inspecting only those children who were known to be willing to accept treatment. Nevertheless it is a fact that the actual number of children treated was nearly 300 less than it was in 1949 and this provides some confirmation of the opinion expressed in the report on that year that the increase in the intervals between visits to schools would cause each child to require more treatment and result in a decrease in the total number of children treated each year.

The number of fillings done was 3,507 as against 3,776 in 1949 and, in spite of the fall between the two periods, this is a very creditable figure for one dentist.

There were 751 extractions done by Dr. Schmeltzer as against 878 in the previous year, of which 277 were of permanent teeth (196 in 1949) and 474 of temporary teeth. An additional 610 extractions were done at the Borough Clinic in Auckland Road as against 712 in the previous year as a result of requests for emergency treatment. It will be noted that there has been a rise in the number of extractions of permanent teeth carried out by Dr. Schmeltzer and this is no doubt a reflection of the increase in the interval between visits to individual schools. It cannot be regarded as being offset by the fall in the number of extractions at Auckland Road which is caused by decrease in staff there with the result that fewer children from the rural area can be accepted. Actually 481 children from the rural area were treated at Auckland Road as against 621 in the previous year but 119 fillings were carried out as against 32 in the previous year, a piece of supplementary work of the greatest value for which appreciation should be accorded to the Borough staff.

Orthopaedic Treatment.—Forty cases were referred to Addenbrooke's Hospital, White Lodge or the outlying clinics during the year of which 32 were found to require treatment.

The two boys at the Heritage Craft School and the boy at Cold Ash Hospital had not been discharged by the end of the year.

Other Forms of Special Educational Treatment or Institutional Treatment.—A boy with heart disease was admitted to the Invalid Children's Aid Association's Special Heart Home at West Wickham, Kent, on January 1st, 1950 and discharged in July. As stated

earlier in the report, three debilitated children had periods of stay in residential open air schools, one girl remaining there at the end of the year.

Tuberculosis.—The two cases recorded in last year's report as remaining in institutions on January 1st, 1950 were still there on January 1st, 1951 and during the year six new cases were admitted, four pulmonary and two non-pulmonary. Five of these were discharged before the end of the year and one, a pulmonary case, had not been discharged, leaving a total of 3 cases in institutions on January 1st, 1951.

Other Defects Treated.—One hundred and twenty-nine children were referred to Addenbrooke's Hospital or White Lodge, 28 for ear, nose and throat defects, 40 for orthopaedic defects, 18 for skin conditions, 19 for visual defects, 8 for general medical conditions, 1 for a general surgical condition and 15 for enuresis.

Neglect.—Seven families were referred to the N.S.P.C.C. for general neglect and one family because of the failure of the mother to obtain advice and treatment for visual defects in three of her children.

Infectious Diseases

The following table shows the number of schools from which notifications of infectious disease were sent by Head Teachers during the year :—

Scarlet Fever	22
Diphtheria	Nil
Measles	10
German Measles	9
Chickenpox	30
Whooping Cough	22
Mumps	21

In most instances the incidence was lighter than usual, markedly so in the case of measles.

Provision of Meals

There has been no change in the arrangements for the supply of milk in school. The following figures show the number of schools (including the Technical College) at which milk is provided and the type in use at each with the corresponding figure for the previous year in brackets. There has been a considerable fall in the number of schools at which tuberculin tested milk is supplied, but a large rise in the number having pasteurised milk and it is a matter for great satisfaction that there is now only one school with "ordinary" or accredited milk. It will be noted that there are ten schools at which

either tuberculin tested or pasteurised milk is supplied, the explanation being that the producers concerned have undertaken to supply tuberculin tested milk when it is available and pasteurised milk when it is not. This type of school has not existed officially in former years.

Tuberculin Tested	30 (58)
Pasteurised	87 (52)
Tuberculin Tested or Pasteurised ..	10
Accredited	Nil (11)
Ordinary	1 (7)

On October 11th, 1950 there were 7,034 children receiving milk or 75.44 per cent of the total in attendance. Of those in attendance at the Nursery School 100 per cent received it, at primary schools 83.23 per cent and at secondary schools 51.54 per cent.

Cooked mid-day meals were provided at 119 primary schools, 6 secondary schools, 1 nursery school and the Technical College. A total of 6,518 children or 69.9 per cent of those in attendance actually received meals, slightly fewer than the number on the corresponding date in 1949.

The number of children receiving free meals on a scale of means approved by the Education Committee was 730.

Blind, Deaf, Defective and Epileptic Children

The following table sets out the position with regard to the institutional or residential treatment of defective children :—

	<i>Educationally</i>			<i>Physically</i>	
	<i>Retarded</i>	<i>Blind</i>	<i>Deaf</i>	<i>Epileptic</i>	<i>Defective</i>
Remaining Dec. 31st, 1949	20	2	6	3	4
Admitted in 1950 ..	6	1	—	—	—
Discharged in 1950 ..	3	—	—	—	1
Remaining Dec. 31st, 1950	23	3	6	3	3

Educational Retardation.—Thirty-nine cases of educational retardation were brought to the notice of the Education Committee during the year. Four of these were later reported to the Mental Health Sub-Committee of the Health Committee as ineducable. Three of the four were placed on the waiting list for admission to Mental Deficiency Institutions under Order on the occurrence of suitable vacancies and the fourth was placed under Statutory Supervision. Of the remainder, nine were approved for admission to residential special schools of whom five were admitted during the year as was also the one child remaining on the waiting list at the end of the previous year. Four remained on the waiting list at the end of 1950. The two children on the waiting list for admission to the Borough of Cambridge Day Special School at the end of 1949 remained on the list at the end of 1950. The total waiting list at the end of 1950 was therefore four for residential schools and two for the Borough Day Special School.

Child Guidance

The only change in staff which occurred during the year was brought about by the resignation of Miss Weiss, second psychiatric social worker, and the appointment of Miss M. Phillips in her place.

In 1950 there were referred to the clinic 175 new cases, a decrease of 35 from the figure of the previous year. The whole of this decrease was caused by a fall from 155 to 117 in the Borough of Cambridge, there having been an actual increase from 48 to 55 of cases referred from the rural area. At the end of the year there were only 3 cases which had not been investigated at all, as compared with 7 at the end of 1949.

Behaviour disorders formed the largest class of troubles for which children were referred, but whereas in previous years unmanageability has always been the largest subdivision of this group, it is now equalled by stealing. Habit disorders were the next group in order of magnitude but educational disorders which had moved up to third place in 1949 again became the smallest group and were exceeded by nervous disorders.

The unusually high ratio of girls to boys referred for behaviour disorders in 1949 was not maintained in 1950, the percentage of girls having reverted to the 1948 figure, namely 39. Boys again slightly exceeded girls in the nervous group.

There were 318 cases on the clinic registers during the year of which 189 were regarded as closed at the end of it. Eighty-seven cases remained under treatment and a further 39 had been examined and were awaiting treatment. Of the closed cases, advice only had been required in 63 and 16 others had been referred for an estimation of their intelligence quotient. Thirty four cases were actually treated of which 3 were much improved, 29 improved and 2 not improved. In 6 cases treatment was not sufficiently complete for any assessment of progress to be made. The remaining cases were not examined at the clinic at all for various reasons.

The number of children referred to the Speech Clinic in 1950 rose again to its customary level, the total being 241. There was a slight fall in the rural area (from 120 to 112) and a rise in the Borough (from 71 to 129). Three hundred and fifty-nine children received treatment as against 341 in the previous year and 128 were discharged. At the end of the year there were 231 cases still under treatment, 97 awaiting treatment and 6 awaiting examination.

Dyslalia was by far the most common defect requiring treatment and was somewhat more frequent in the rural area than in the Borough. The incidence of the other defects, including stammer, was approximately equal in both areas.

Further detailed figures will be found at the end of the report.

Medical Inspection at the Technical College and Perse School for Boys

The following figures give details of the work done at the above schools :—

<i>Number of Routine Inspections :</i>			<i>Male</i>	<i>Female</i>	
Technical College	..	..	76	122	
Perse School for Boys	..	..	57	—	
<i>Principal Defects Discovered :</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
Subnormal Nutrition	..	..	1	—	1
Defective Vision :					
For observation	..	..	29	21	50
For treatment	..	..	10	10	20
Nose and Throat Defects :					
For observation	..	..	11	6	17
For treatment	..	..	—	—	—
Hearing	..	..	—	1	1
Orthopaedic	..	..	39	31	70
Circulatory	..	..	8	5	13
Skin	..	..	11	3	14
Other conditions	..	..	28	23	51

The nutritional condition of the pupils can be further sub-divided as follows :—

					<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Technical College :							
Boys	..	..	..	..	31	44	1
Girls	..	..	..	..	49	73	—
Perse School for Boys	..	..	..	..	25	32	—

It will be noted that there was only one case of undernutrition in the whole group as against no cases at all in the previous year, so that there may be ground for hoping that the incidence of this defect at least in older pupils is reaching a permanently low level.

The percentages of good nutrition were Technical College (boys) 40.8, Technical College (girls) 67.1, Perse Boys 78.1 as against 32.8 per cent, 45.6 per cent and 50 per cent in the previous year. The improvement in all the groups is very striking.

TABLE I. MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	1314
Second Age Group	1080
Third Age Group	847
Total	3241
Number of other Periodic Inspections	1017
Grand Total	4258

B.—OTHER INSPECTIONS.

Number of Special Inspections	66
Number of Re-Inspections	2613
Total	2679

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	28	253	234
Second Age Group	82	196	237
Third Age Group	44	106	133
Total (prescribed groups)	154	555	604
Other Periodic Inspections	73	205	238
Grand Total	227	760	842

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	68	102	1	—
5	Eyes—a. Vision	227	389	6	5
	b. Squint	21	77	—	—
	c. Other	35	92	3	—
6	Ears—a. Hearing	14	60	—	1
	b. Otitis				
	Media	11	54	—	—
	c. Other	3	17	—	—
7	Nose or Throat	66	406	4	4
8	Speech	25	93	1	1
9	Cervical Glands	16	212	—	—
10	Heart and				
	Circulation	21	177	—	2
11	Lungs	16	140	—	—
12	Developmental—				
	a. Hernia ..	3	21	—	—
	b. Other ..	2	96	—	—
13	Orthopædic—				
	a. Posture	78	100	—	—
	b. Flat foot	72	94	—	—
	c. Other ..	82	186	1	2
14	Nervous system—				
	a. Epilepsy	—	8	—	—
	b. Other ..	2	24	—	—
15	Psychological—				
	a. Development	3	139	3	5
	b. Stability	31	143	—	1
16	Other	191	338	8	5

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups	Number of Pupils Inspected	A (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	1314	369	28.08	922	70.17	23	1.75
Second Age Group	1080	345	31.94	711	65.83	24	2.22
Third Age Group	847	258	30.46	573	67.65	16	1.89
Other Periodic Inspections	1017	246	24.19	747	73.45	24	2.36
Total ..	4258	1218	28.61	2953	69.35	87	2.04

TABLE III.—INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	36.299
(ii)	Total number of <i>individual</i> pupils found to be infested	123
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness, for which
see Table III).

						Number of cases treated or under treatment during the year	
						by the Authority	otherwise
Ringworm—(i)	Scalp	..	..	..	..	—	—
	(ii) Body	..	..	..	..	—	15
Scabies ..	..	..	..	..	..	3	5
Impetigo ..	..	..	..	..	..	8	16
Other skin diseases	..	..	..	..	..	25	34
Total ..						36	70

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	11	9
Errors of Refraction (including squint) ..	491	20
Total	502	29
Number of pupils for whom spectacles were		
(a) Prescribed	311	19
(b) Obtained	291	18

Group 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	—	46
(c) for other nose and throat conditions	—	15
Received other forms of treatment	5	70
Total	5	131

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	—	—
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	—	42

Group 5.—CHILD GUIDANCE TREATMENT.

	No. of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	93	—

Group 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	179	—

Group 7.—OTHER TREATMENT GIVEN.

	No. of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	21	67
(b) Other (specify)		
1. Appendicectomy	—	3
Total	21	70

TABLE V.—DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) Periodic age groups	2221
(b) Specials	131
Total	2352

(2) Number found to require treatment	2051
(3) Number referred for treatment	2051
(4) Number actually treated	1693
(5) Attendances made by pupils for treatment	2343

(6)	Half-days devoted to :		Inspection	..	}	
			Treatment	..		
			Total	..		473
(7)	Fillings :	Permanent Teeth		..		2812
		Temporary Teeth		..		695
		Total	..	..		3507
(8)	Number of teeth filled:	Permanent Teeth		..		2596
		Temporary Teeth		..		654
		Total	..	..		~~2390~~ 3250
(9)	Extractions :	Permanent Teeth		..		277
		Temporary Teeth		..		474
		Total	..	..		751
(10)	Administration of general anaesthetics for extraction					—
(11)	Other operations :	Permanent Teeth		..		377
		Temporary Teeth		..		774
		Total	..	..		1151

CAMBRIDGESHIRE CHILD GUIDANCE CLINIC

STATISTICS FOR YEAR ENDED DECEMBER, 1950

<i>Cases referred by :</i>		<i>Borough</i>	<i>County</i>	<i>Others</i>	<i>Total</i>
School Medical Officer	..	25	36	2	63
Head Teachers		18	2	—	20
Parents		17	7	—	24
Maternity and Child Welfare		26	—	—	26
Magistrates		6	—	—	6
Speech Therapists		4	3	—	7
Health Visitor		5	—	—	5
Private Doctor		4	—	—	4
Addenbrooke's Hospital	..	3	4	—	7
Other Agencies		9	3	1	13
		117	55	3	175

<i>Areas :</i>					<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Borough	..	..	..	..	69	48	117
County	..	..	..	..	38	17	55
Isle of Ely	..	..	..	..	1	—	1
Huntingdonshire	..	..	..	..	1	—	1
Bedfordshire	..	..	..	..	1	—	1
					110	65	175

Problems as Referred :

<i>Nervous Disorders :</i>				<i>Borough</i>	<i>County</i>	<i>Others</i>	<i>Total</i>
Fears and Anxiety	..	..	..	15	9	1	25
Depression	..	..	..	1	—	—	1
Seclusiveness	..	..	..	2	—	—	2
Excitability	..	..	..	1	1	—	2
Apathy	..	..	..	—	2	—	2
							—32

Habit Disorders :

Excretory	..	..	..	15	4	—	19
Sleep	..	..	..	5	4	—	9
Movement	..	..	..	2	2	—	4
Feeding	..	..	..	2	—	—	2
Speech	..	..	..	2	3	—	5
Nervous pains and paralysis	..	..	..	2	1	—	3
							—42

Behaviour Disorders :

Unmanageable	..	..	..	13	8	1	22
Tempers	..	..	..	9	4	—	13
Aggressiveness	..	..	..	4	4	—	8
Jealous Behaviour	..	..	..	2	—	—	2
Stealing	..	..	..	15	7	—	22
Lying and Romancing	..	..	..	1	—	—	1
Truancy	..	..	..	3	2	—	5
Sex difficulties	..	..	..	6	—	—	6
							—79

Educational Difficulties :

Backwardness	..	..	..	13	4	—	17
Inability to concentrate	..	..	..	1	—	—	1
Failure at school	..	..	..	1	—	—	1
For I.Q. only	..	..	..	2	—	1	3
				117	55	3	175

CASES CLOSED.

<i>Examined at Clinic :</i>		<i>Borough</i>	<i>County</i>	<i>Others</i>	<i>Total</i>
Examined and Advised	..	40	22	1	63
I.Q. only	..	12	3	1	16
<i>Treated :</i>					
Much Improved	..	3	—	—	3
Improved	..	24	5	—	29
Not Improved	..	1	1	—	2
<i>Treatment Incomplete :</i>					
Left District..	..	1	3	—	4
Parents Unco-operative	..	2	—	—	2
<i>Not Examined at Clinic :</i>					
<i>P.S.W. only :</i>					
Adjusted	..	27	4	—	31
Exam. unnecessary..	..	19	9	—	28
Left district ..	..	4	—	—	4
Sent to Approved School	..	—	1	—	1
Parents Unco-operative	..	1	4	—	5
Application withdrawn	..	—	—	1	1
		134	52	3	189

TOTAL NUMBER OF CASES.

<i>B/fd. from 1949</i>			<i>C/fd. to 1951</i>		
Under Treatment	..	87	Under Treatment	..	87
On Waiting List	..	49	On Waiting List	..	39
Not Yet Visited	..	7	Not Yet Visited..	..	3
		143			129
New Cases 1950	..	175	Closed during 1950	..	189
		318			318

SPEECH CLINIC—STATISTICS FOR YEAR ENDING DECEMBER 1950

<i>Cases:</i>	<i>Borough</i>	<i>County</i>	<i>Total</i>
Referred during the year	129	112	241
Not receiving treatment	21	12	33
Treated during the year	180	179	359
Discharged	65	63	128
Under treatment at close of year	115	116	231
On waiting list at close of year	58	39	97
Not examined at close of year	3	3	6

Speech defects of Children accepted for treatment during the year:—

Dyslalia	50	60	110
Stammer	12	13	25
Sigmatism	29	27	56
Other defects	7	~~9~~ 8	15

